

DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO

PLAN CHECK APPLICATION / FOOD FACILITY

2156 Sierra Way, P.O. Box 1489, San Luis Obispo, CA 93406 Phone (805) 781-5544 Fax (805) 781-4211

*** CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT**

*** HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME.**

APPLICATION DATE _____

SCOPE OF WORK (CIRCLE ONE)

NEW CONSTRUCTION

REMODEL

ESTABLISHMENT NAME (DBA) _____

ESTABLISHMENT'S PRIOR NAME _____

ESTABLISHMENT LOCATION _____

SIZE OF ESTABLISHMENT (excluding dining and office space) _____ SQUARE FEET

NAME OF OWNER(S) _____

MAILING ADDRESS OF OWNER(S) _____

Street

City

Zip

PHONE NUMBER OF OWNER(S) _____ FAX _____

NAME OF CONTACT PERSON OR ARCHITECT/CONTRACTOR _____

MAILING ADDRESS OF ARCHITECT/CONTRACTOR _____

PHONE NUMBER OF ARCHITECT/CONTRACTOR _____ FAX _____

EMAIL ADDRESS OF MAIN CONTACT PERSON _____

IF OUTSIDE CITY LIMITS:

SOURCE OF WATER: ☐ WELL ☐ WATER COMPANY: NAME _____

WASTE WATER DISPOSAL: ☐ SEPTIC TANK ☐ SEWER SYSTEM

APPROXIMATE COMPLETION DATE _____ (pending approval of plans *)

We now accept Visa, MasterCard and Discover over the phone and at our office.

FOR DEPARTMENT USE ONLY

DATE RECEIVED _____ FEE \$ _____ SR # _____ DATE PROCESSED _____

CHECK# _____ CASH _____ CC (AUTH #) _____ INITIALS _____

WATER SOURCE _____ X-CONNECTION _____